

## CLAIMS ONLY

Application Number 1-1-1

Application Number  
18/504394

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10				/		
11				/		
12				/		
13				/		
14				/		
15				/		
16				/		
17				/		
18				/		
19			/			
20			/			
21			/			
22			/			
23			/			
24				2		
25				2		
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45						
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47						
48						
49						
50						
Total Indep			6			
Total Depend			21			
Total Claims			27			

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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58						
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Total Indep						
Total Depend						
Total Claims						